

THE CONTINUING EDUCATION COORDINATOR'S **BULLETIN**

INFORMATION AND IDEAS FROM THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER

NUMBER 7

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LETTERS TO SPEAKERS

On the morning of the first day of your conference, the keynote speaker clears her throat and begins as follow: "It's an honor to be speaking to you Indian Services people today. Now, I'm not sure who's in the audience here -- are there any doctors or nurses? Do you all take care of patients? Well, whatever. I'm supposed to talk today about 'Hypertension.' I wasn't sure what you wanted to hear about, so I thought I'd talk about some research I did on the physiology of the renin-angiotensin system. First slide please...."

Good communication with your speakers can help you avoid embarrassing moments like this. In this issue of the *Bulletin*, we will discuss how to use communication with your faculty to your best advantage, and offer you prototype speaker letters to modify for use at your service unit or facility.

Once your planning committee has selected topics to meet your target audience's previously identified continuing education needs, and after they have decided on objectives to address those needs, faculty are then selected to give the presentations. When the faculty are first contacted to find out if they are willing to participate and have time on their calendar, usually they are given

a general idea about the material to be covered. It is crucial to follow up on this verbal contact with a letter that confirms the commitment and gives additional information.

A faculty letter should, of course, give pertinent details about the date, time, and location of the event. Beyond logistical details, however, it is of vital importance to give the speaker information he or she needs in order to accomplish what you have in mind. Speakers need to know who they will be teaching -- their professions, background, experience, work setting, and so on. Most importantly, the objectives you have set for their presentation will give them a precise understanding about what you want to achieve.

For example, if you were to ask a podiatrist to talk about monofilament testing, he or she might assume that you expect a discussion of the science behind it, and a description of the examination. This would suffice if the objective given was "participants will be able to describe how the test is done...." If, however, the objective was "participants will be able to demonstrate that they can do the exam....," then the nature of the session would be different. A word of caution: speakers rely upon objectives for guidance and take them quite literally; if they are

carelessly written, you may find that they are followed to the letter when you wish they hadn't been.

It is often valuable to solicit the speaker's views about the objectives. If you have not already discussed the objectives with him or her before you write a letter, you may want to ask for their concurrence or suggestions for improvements.

Speakers will find it helpful to know how you will measure the success of your continuing education activity; this process, of course, should closely reflect your predetermined educational objectives. For example, if you tell the speaker that the evaluation will rely on a post-test of knowledge gained, they will try to make certain that everyone knows the material. If, on the other hand, the success of the activity will be measured by how well they perform a procedure, the emphasis will be different.

Most faculty are familiar by now with the Accreditation Council for Continuing Medical Education's "Standards for Commercial Support." Your letter should remind them of their responsibility to abide by these and include your request that they complete the "Disclosure Form" that is universally required.

Other issues to address in your letter include audiovisual needs, the biographical information you will need to introduce the speaker, and travel arrangements. At times, it may be important to incorporate information about your drug formulary or diagnostic capabilities so that the speaker will use management recommendations that are consistent with what is available at your facility.

We have included with this mailing of the

Bulletin a checklist of items to include in a faculty letter, and a prototype letter that will serve as an example of what it might look like. If you have access to a word processor, you may request this letter on diskette from us. Copy it, modify it, and set it up so all you need to do is "fill in the blanks," and most of the work is done for you.

Remember to follow up after your continuing education activity with a thank-you letter. Faculty appreciate the feedback of your observations and the results of the evaluations. They are also more likely to return if they receive the gratitude they deserve for their hard work.

THE BOTTOM LINE....

Letters to faculty members do a lot more than tell them when to show up and where. They give each speaker a lasting reminder of their commitment. The letters provide individualized guidance about how the faculty members can best meet the expressed educational needs of the audience. Without effective communication with the faculty about your expectations, you are relying on luck and the speakers' intuitions. Well written letters go a long way toward guaranteeing success.

If you are not on the mailing list for this *Bulletin* or wish to receive any back issues, please call us at 602-640-2140 or write to:

The IHS Clinical Support Center
1616 East Indian School Road
Aztec Building, Suite 375
Phoenix, Arizona 85016

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

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March 7, 1994

Steve Smith, M.D.
4350 Westview Road
Albuquerque, NM

Dear Dr. Smith:

Thank you for agreeing to speak at the Albuquerque Area Annual Diabetes Conference. This two day conference provides relevant, high quality continuing education to providers throughout the Albuquerque Area of the Indian Health Service.

The meeting will be held at the Downtown Hotel and Convention Center May 23-24, 1994. Those attending will be primary care providers from IHS service units in the Albuquerque Area. This will include about 30 physicians and 20 midlevel providers (physician assistants and nurse practitioners), the majority of whom have many years experience in IHS and have large numbers of diabetic patients in their caseloads. Although some work at the Albuquerque IHS hospital, most work in outlying service units; resources and staffing vary accordingly. The complete agenda for the conference is enclosed to let you know the other topics that will be covered during the meeting.

For the most part, the conference participants will be meeting in small workshops, but we will be starting both days with plenary sessions. Your plenary presentation on "Staged Diabetes Management" is scheduled for 9 to 10am on Monday, May 23rd. If you could set aside the last ten minutes of your hour for questions and answers, this will give the audience the opportunity to bring up issues of particular importance to them. As we discussed on the phone, the objectives for your session are as follows:

Upon completion of the activity, participants will be able to:

1. Employ clinical practices that reflect the principles of Staged Diabetes Management.
2. Follow the treatment protocols for preserving renal function in the diabetic patient.
3. Apply Staged Hypertension Management for diabetic patients with high blood pressure.

These objectives were developed by the conference planning committee and are derived from the current emphasis plan of the IHS diabetes program and new medical knowledge. If you have any questions concerning these objectives, need clarification regarding the expectations of the committee, or would like to suggest refinements in the objectives, please let me know. One way we measure the success of the course is to find out from those attending if the objectives were met for each of the talks; that is why we are so careful to share them with you and the participants ahead of time. The results of evaluations will be used to plan future CE activities and will be shared with the faculty.

Could you please complete the "Disclosure Form" I have enclosed? It is important to let the audience know if there are any relationships with commercial entities that might be perceived as a conflict of interest. As we agreed upon, your expenses will be reimbursed by the Area Diabetes Program and there is no commercial support for your presentation. On the other side of the "Disclosure Form" you can give us some information to use when we introduce you; you can either complete this or send us a brief resume. The form also allows you to list the audiovisual equipment you will need for your presentation. If you will submit your handouts to us by May 1st, we will be pleased to reproduce them for you and include them in the distributed course materials.

The address of the convention center is 2444 West Market Street (998-2343). Please contact Ms. Begay at 444-8695 for any assistance with your preparation. We are looking forward to your presentation. If you have any questions or needs, please contact me directly at (509) 322-2345.

Sincerely,

John F. Saari, M.D.
Medical Educator

enclosure: Disclosure Form



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June 7, 1994

Steve Smith, M.D.
4350 Westview Road
Albuquerque, NM

Dear Dr. Smith:

Thank you for your excellent presentation on "Staged Diabetes Management" at the Albuquerque Area Annual Diabetes Conference on May 23rd. You prepared a very clear description of the clinical applications of staged management and showed everyone there how they could implement this strategy at their facilities and clinics.

As you know, we ask the participants to assess our success in meeting the stated objectives for each of the presentations, and invite their comments about all aspects of the course. As you can see from the enclosed printout of the results of the evaluation of your talk and the summary numbers from the other sessions, your lecture was rated very well in all regards. From the written comments, we have concluded that there is a need for a workshop at the next meeting to further discuss implementation of staged management at the service units, including the use of flowsheets and quality assurance monitoring. Perhaps we could call on you again to assist us with that workshop?

We believe that many of the new methods discussed at this meeting will be implemented in the coming year at IHS facilities and that this, in turn, will result in improved health care for the patients we serve. Your willingness to share your time and expertise in this conference will help us achieve the IHS goal to raise the level of health care of the Native American people to the highest possible level. On behalf of all involved, please accept our gratitude.

If you have any questions or needs, please contact me directly at (509) 322-2345. We would be particularly interested to hear any suggestions you have about how we might improve the conference planning from your perspective as a faculty member.

Sincerely,

John F. Saari, M.D.
Medical Educator

ITEMS TO CONSIDER IN A FACULTY LETTER

- ☐ Title and dates of overall course or activity
- ☐ Location
- ☐ General goals of the course or activity
- ☐ Presentation title
- ☐ Date, time, and length of presentation
- ☐ Description of audience: numbers, professions, background
- ☐ Objectives of presentation
- ☐ Format of presentation, including time for questions and answers
- ☐ Audiovisual equipment needs and availability
- ☐ Overall agenda for the course or activity
- ☐ Request for *curriculum vitae* or brief biography
- ☐ Request for outline and handouts
- ☐ Description of course evaluation
- ☐ Statement of policy on commercial support
- ☐ Inclusion of copy of ACCME Standards for Commercial Support
- ☐ Request for completion of "Disclosure Form"
- ☐ Travel arrangements
- ☐ Due dates for any of the above items
- ☐ Address and phone number for questions or additional information
- ☐ Copy of letter to personnel file, when appropriate